MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

11116

Reg. Dist. No. 2020

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 214 Front St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 214 Front St.

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Agnes Barrett

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col.	Married

6.(b) Name of husband or wife: Fred Barrett

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 23 1895

8. AGE:

Years	Months	Days	If less than one day
50	11	0	hrs. min.

9. Birthplace: Pomona Kent Co. Maryland (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER

12. Name: Wm. Thos. Murray

13. Birthplace: Rock Hall, Maryland

MOTHER

14. Maiden name: Henrietta Evans

15. Birthplace: Chestertown, Maryland

16. Informant: Myrtle Murray

Address: 214 Front St. Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/29/46 (month) (day) (year)

Cemetery or crematory: Pomona

Location: Near Chestertown, Maryland

18. Funeral director: Marin V. Williams

Address: Chestertown, Maryland

19. Nov. 29 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 24 1946, at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1946, to Nov. 24 1946

and that I last saw h.. alive on Nov. 24 1946

Immediate cause of death	DURATION
Cerebro-vascular accident	8 hours
Hemiplegia, right	
Due to: Coma	
Due to: hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. R. Coppola, M.D. (M. D. or other)

Address: Cross St. Chestertown, Md. Date signed: 11-27-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11117

Reg. Dist. No. 2000

1. PLACE OF DEATH:
County: Kent
City or town: Galena
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs.
Hospital, institution, or street address where death occurred:
6 yrs.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Galena
(If outside city or town limits, write RURAL and give nearest town)
Street No. Galena
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: A. Sindell Beaston

3.(b) Social Security Number: 216-18-8069

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Anna B. Beaston
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): August 13 1872

8. AGE:

Years	Months	Days	If less than one day
74	2	18	....hrs. ....min.

9. Birthplace: Near Bohemia Manor, Cecil Co. Md.
(Town, county, and state)
10. Usual occupation: Store Keeper - Clerk
11. Industry or business: Kent Co. Dept.
FATHER 12. Name: John T. Beaston
13. Birthplace: Delaware
MOTHER 14. Maiden name: Mary B. Reilly
15. Birthplace: Ireland
16. Informant: Mrs. Anna B. Beaston
Address: Galena Kent Co. Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 6 1946 (month) (day) (year)
Cemetery or crematory: Bethel
Location: Chesapeake City, Maryland
16. Funeral director: Marvin V. Williams
Address: Chestertown Maryland
19. Nov. 3 1946 (Date rec'd by registrar) Elizabeth L. Mumford Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1946 at 1:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Twice, Nov 1 1946, to ....19....
and that I last saw him alive on Nov. 1, 1946 19....

Immediate cause of death	DURATION
CORONARY Occlusion	12 hrs
Due to ARTERIOSCLEROSIS	
Due to HYPERTENSIVE HEART DISEASE	
Other conditions SENILITY	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: ....Date of....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Theodore F. Paprocki M.D.
M. D. or other
Address: Georgetown Md. Date signed: 11-1-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (52-6)

11118

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 Years
Hospital, institution or street address where death occurred: Home
How long in hospital or institution? Died

2. USUAL RESIDENCE (HOME) OF DECEASED: (If of newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: Civil

3. (a) FULL NAME: Mary E. Drake

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: Joseph Drake
B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 1, 1867

8. AGE: Years: 79 | Months: 11 | Days: 7 | If less than one day: hrs. ..... min.

9. Birthplace: Middletown, Del. (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business: Housework

FATHER
12. Name: Unknown
13. Birthplace: Del

MOTHER
14. Maiden name: Sarah Green
15. Birthplace: Del

16. Informant: Mrs. E. F. Wallace
Address: Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 15-46 (month) (day) (year)
Cemetery or crematory: Church Hill
Location: Church Hill Md
18. Funeral director: Edgar L. Lane
Address: Church Hill Md

19. Nov. 15 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12 1946, at 4:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19..., and that I last saw h... alive on ..... 19...

Immediate cause of death: Cardiac Hemiplegia — DURATION: 3 yrs

Due to: .....

Due to: .....

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. .....

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: / Date of .....
Where did injury occur? / (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) /
Means of injury? / Injured at work?

23. SIGNATURE: Edgar L. Lane M. D. or other
Address: Church Hill Md Date signed Nov 17 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-E)

CERTIFICATE OF DEATH

1111

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred:

High St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertn

(If outside city or town limits, write RURAL and give nearest town)

Street No.: High St.

(If rural, give LOCATION)

2.(a) If veteran, same war:

3.(a) FULL NAME: William H. Elliott

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	Married

6.(b) Name of husband or wife: Barbara Anthony Elliott

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Nov. 30 1859

8. AGE:

Years	Months	Days	If less than one day
86	11	15	....hrs. ....min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Bank Cashier

11. Industry or business: Peoples Trust Co.

FATHER 12. Name: Unknown

FATHER 13. Birthplace: "

MOTHER 14. Maiden name: Unknown

MOTHER 15. Birthplace: "

18. Informant: Mrs. Sophia Ford (Niece)

Address: Chestertn, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16 1946 (month) (day) (year)

Cemetery or ~~crematory~~: Chestn

Location: Chestertn, Maryland

18. Funeral director: Marion V. Williams

Address: Chestertn, Md.

19. Nov. 16 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1946, at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 1 1946, to Nov 14 1946

and that I last saw him alive on Nov 14 1946

	DURATION
Immediate cause of death: Coma	1 day
Due to: Carcinoma of tongue	5 mos
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. G. Simpers M. D. or other

Address: Chestertown Date signed: 11 15 46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-3J

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

★ 11120

Reg. Dist. No. 21020

1. PLACE OF DEATH:
County: Kent.
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? All life
Hospital, institution, or street address where death occurred: 134 Prospect St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: 134 Prospect St. Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 134 Prospect St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME May Gladys Green

3.(b) Social Security Number

4. Sex: F.
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: Single
6.(b) Name of husband or wife
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): August 1 1924

8. AGE: Years 22 Months 3 Days 22 If less than one day ... hrs. ... min.

9. Birthplace: Chestertown
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Vita Food Inc. Cannery

FATHER
12. Name: Robt. Carl Green
13. Birthplace: Queen Anne Co. Maryland

MOTHER
14. Maiden name: Lillian Cann
15. Birthplace: Balto. Md.

16. Informant: Mr Robt. Carl Green (Brother)
Address: 134 Prospect St. Chestertown Md.

17. Burial Date thereof: 11/27/46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Unionton
Location: Near Church Hill, Maryland
18. Funeral director: Marvin V. Williams
Address: Chestertown, Maryland

19. Nov. 27 1946 Clara L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 23 1946 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 ... to ... 19 ...; that I last saw h... alive on ...
Did not attend. Investigated. Death certificate as deputy Med. Exam. Kent Co.

Immediate cause of death: Hemorrhage
DURATION: Immediate
Due to: Stab Wound
Due to: Severing Brachial Artery and Vein.
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: Nov 23/46
Where did injury occur? Chestertown, Kent Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury: Knife Injured at work? No

23. SIGNATURE: Frank J. Hines M.D. Deputy Med. Exam. Kent Co. M. D. or other
Address: Chestertown Md. Date signed: Nov. 23/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

1112 Reg. Dist. No. 2020

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 134 Prospect
(If rural give LOCATION)
2.(a) If veteran, name war: World War (2)

3.(a) FULL NAME: Robert Carl Green

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col.	Married?

6.(b) Name of husband or wife: Lillian Carr (?)
6.(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): March 16 1888

8. AGE: Years	Months	Days	If less than one day
58	8	7	hrs. min.

9. Birthplace: Queen Anne County, Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Mr. Robert Carl Green Jr. (Son)
Address: 134 Prospect St. Chestertown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/27/46 (month) (day) (year)
Cemetery or crematory: Union [illegible]
Location: Near Church Hill, Maryland.
18. Funeral director: Marvin V. Williams
Address: Chestertown, Maryland.
19 Nov. 27, 1946 (Date rec'd by registrar) Clara S. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Saturday November 23, 1946, at 1:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ..., and that I last saw h... alive on ... 19 ...
Did not attend. Investigated. Deputy Medical Examiner Kent Co.

Immediate cause of death: Hemorrhage — DURATION: Immediate
Due to: Stab Wound
Due to: Severing Brachial Artery and Vein
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: Nov 23 46
Where did injury occur: Chestertown Kent Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where): Public Highway
Means of injury: Knife Injured at work? No

23. SIGNATURE: David [illegible] M.D. Deputy Medical Examiner Kent Co.
M. D. or other
Address: Chestertown Md Date signed: Nov 25/46

11122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175-a)

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? July 7 - Nov 25 - 46
Hospital, institution, or street address where death occurred: Kent & Queen Anne Hosp
How long in hospital or institution? July 7 - Nov 25 - 46

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown Md (If outside city or town limits, write RURAL and give nearest town)
Street No. Kent & Queen Anne Hosp (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Thomas H. Grove

3. (b) Social Security Number —

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Helen Long Grove
6.(c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.): May 29, 1873

8. AGE: Years 73 Months 5 Days 26 If less than one day .... hrs. .... min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: ~~Unknown~~ ROBERT GROVER
13. Birthplace: Unknown Md.

MOTHER
14. Maiden name: ~~unknown~~ ELIZABETH GROVE
15. Birthplace: Unknown Md.

16. Informant: Record Kent & Queen Anne Hosp
Address: Chestertown Md

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: Nov. 29, 1946 (month) (day) (year)
Cemetery or crematory: MORELAND MEM. PARK
Location: BALTO. CO. MARYLAND
18. Funeral director: WILLIAM COOK, INC.
Address: 1217 ST. PAUL ST.

19. 11-26 19 46 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25, 1946, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .... 19.... to .... 19.... and that I last saw h.... alive on .... 19....
Did not attend - investigated death - accident & disease as stated

Immediate cause of death	DURATION
Decubitus & infection due to injury and disease	Nov 46
Due to: Severed spinal cord	Jul 7 46
Due to: Paralysis of legs	Jul 7 46 / Nov 25 46

Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)
Major findings of operations: None
Date of op.
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: July 7 46
Where did injury occur? Kent Co. Kent Md (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): County road
Means of injury: Fell off hay wagon Injured at work? yes

23. Signature: Ralph Hodges Deputy Med Exam Kent Co M. D. or other
Address: Chestertown Md Date signed: Nov 25 46

(I)

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

★ 11123

Reg. Dist. No. 2030

1. PLACE OF DEATH:
County: Kent
City or town: Shanktown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? whole life
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Rock Hall R R Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Shanktown
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Grace Harris

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	widowed

6.(b) Name of husband or wife: Louis Nicholson deceased 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
84	—	—	..... hrs. ..... min.

9. Birthplace: Rock Hall
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: H. Harris
13. Birthplace: unknown

MOTHER
14. Maiden name: Dennis Patton
15. Birthplace: Rock Hall

18. Informant: Raquel M. Harris
Address: Rock Hall Md

17. Burial (Burial, cremation, or removal? Which?) Date thereof: Nov 9th 1946 (month) (day) (year)
Cemetery or ~~crematory~~: Shanktown
Location: Rock Hall Md

18. Funeral director: Asbury Henry
Address: Chestertown Md

19. 11/6. 1946 (Date rec'd by registrar) S. Elwood Burgess Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1946 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to Nov. 5 1946
and that I last saw alive on Nov 5 1946

Immediate cause of death	DURATION
Chronic Endocarditis	1940
Due to	
Due to Chronic Myocarditis	1940
Other conditions Chronic Pyelitis	1943

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

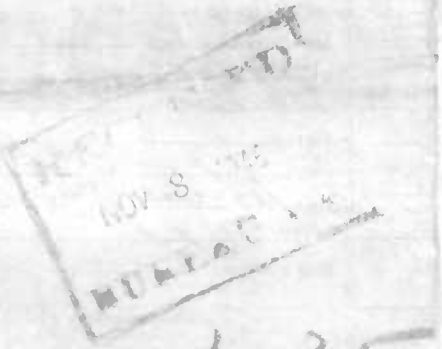
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Frank C Smith M. D. or other
Address: Chestertown Date signed Nov. 6/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



I-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

11124

★ Reg. Dist. No. 7010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Rural Norton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rural Colemans

(If outside city or town limits, write RURAL and give nearest town)

Street No. Norton Md

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Hellen Jones

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	C	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1941

8. AGE: Years 4 | Months 11 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace Colemans Norton Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Rubin Jones

FATHER 13. Birthplace Colemans Norton md

MOTHER 14. Maiden name Ada Wilson

MOTHER 15. Birthplace Colemans Norton Md

16. Informant Rubin Jones

Address Colemans Norton md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1946 (month) (day) (year)

Cemetery or crematory Colemans

Location near Norton Md

16. Funeral director B R Tolbans

Address Still Pond Md

19. Nov 19 1946 (Date rec'd by registrar) J M Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1946, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 1946 to 19 ... and that I last saw h.e.r. alive on Nov 16 th 1946

Immediate cause of death	DURATION
3rd Degree Burns	24 hours
Due to 2/3 Body	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Burns Date of Nov 16th

Where did injury occur? Colemans (City or town) Kent (County) Md (State)

Injured at home, farm, industry, public place (where?) Home.

Means of injury Clothing Caught in Fire Injured at work? Nay.

23. SIGNATURE L. P. Atwell M. D. or other

Address Still Pond Date signed 11-18-46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-a)

CERTIFICATE OF DEATH

★ 11125

Reg. Dist. No. 2020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Kent

City or town: near - Chestertown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: near - Chestertown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: S. Herbert Lusby

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: none

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1862

8. AGE: Years	Months	Days	If less than one day
84	8 10	23	..... hrs. ..... min.

9. Birthplace: Kent CO. Maryland (Town, county, and state)

10. Usual occupation: farmer

11. Industry or business

FATHER — 12. Name: John Lusby

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sarah Eliz. Maslin

15. Birthplace: Maryland

16. Informant: Mr. Raymond Lusby

Address: Chestertown, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1, 1946 (month) (day) (year)

Cemetery or crematory: Chester

Location: Chestertown, Maryland

18. Funeral director: J. Willis Wells

Address: Chestertown, Maryland

19. Dec. 1 1946 (Date rec'd by registrar) Clara L. Barnes. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29th 1946, at 11 9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 25 1946, to Nov. 28 1946

and that I last saw him alive on Nov. 25 1946

	DURATION
Immediate cause of death: Septicaemia	5 days
Due to: Fall on drive	7 days
Due to: Arteria sclerosis	
Other conditions: Senile gangrene	1 year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Frankl Smith M. D. or other

Address: Chestertown RR Date signed: Dec. 30/46

1-35

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

11126

Reg. Diat. No. 2020

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:
211 Lynchburg St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: John Franklin Munson

3.(b) Social Security Number: 212-16-1017

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

6.(b) Name of husband or wife: Emma Munson 6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. I. 1879

8. AGE: Years	Months	Days	If less than one day
69	10	0	____ hrs. ____ min.

9. Birthplace: Kent Co. Maryland
(Town, county, and state)

10. Usual occupation: Farmer laborer

11. Industry or business

FATHER — 12. Name: John Munson
13. Birthplace: Maryland

MOTHER — 14. Maiden name: Charolett Hynson
15. Birthplace: Maryland

16. Informant: Louise Munson Wilson
Address: 211 Lynchburg St. Chestertown

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov. 4 1946
(month) (day) (year)

Cemetery or crematory: Quaker Neck (col). Cem.

Location: Chestertown, Maryland

18. Funeral director: J. Willis Wells

Address: Chestertown, Maryland

19. Nov. 3 1946 Chas L. Barnes
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 1 1946, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1946 to Nov 1 1946 and that I last saw h[illegible] alive on Nov 1 1946

Immediate cause of death	DURATION
Coma	1 day
Due to: Uremic Salemia	6
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: H G Simpers M. D. or other

Address: Chestertown Date signed: 11-1-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Trade Reynolds

July 1, 1946

50 yrs.

Joseph A. Leonard [illegible]

Mary C. Bond and,

[illegible] Stevenson

[illegible]

Witness: Ben Reynolds

Time 2 PM

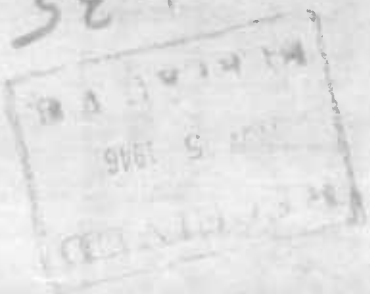
[illegible]

Executed

Recorded, Kent Co. Md.

Mary C. [illegible]

SE-1



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11127

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Butlerton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

Near Worton

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Butlerton

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Worton

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Joseph Ringgold

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	~~Married~~ Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 14 1884

8. AGE: Years	Months	Days	If less than one day
62	4	0	hrs. min.

9. Birthplace: Worton, Kent Co. Md.

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER 12. Name: James Ringgold

FATHER 13. Birthplace: Worton, Maryland

MOTHER 14. Maiden name: Sarah Ridden

MOTHER 15. Birthplace: Worton Maryland

16. Informant: James Ringgold

Address: Worton R.D. Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16 1946 (month) (day) (year)

Cemetery or ~~cemetery~~: Butlerton

Location: Near Worton, Kent Co. Md.

18. Funeral director: Marvin V. Williams

Address: Chestertown, Maryland

19. Nov. 16, 1946 (Date rec'd by registrar) Clara L. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1946, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1946, to Nov 14 1946

and that I last saw h... alive on 11-10 1946

Immediate cause of death	DURATION
chron. Endocarditis	
decompensation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Albert A Burgard M. D. or other

Address: Rock Hall, Md. Date signed: 11/15/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3rd)

CERTIFICATE OF DEATH

★ 1119

Reg. Dist. No. 201

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: County Kent; City or town near Still Pond (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? about 8 days; Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACESED: (For newborn infants give residence of mother)

State Maryland County Kent

City or town Near Still Pond md (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME John Wesley Robinson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widowed

6.(b) Name of husband or wife Eugenia Robinson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb 25 1873

8. AGE: Years 73 | Months 8 | Days 23 | If less than one day ..... hrs. ..... min.

9. Birthplace Still Pond Kent Co Md (Town, county, and state)

10. Usual occupation Butcher

11. Industry or business meat Business

FATHER 12. Name John W Robinson

FATHER 13. Birthplace Still Pond Kent Co Md

MOTHER 14. Maiden name Stephney Taylor

MOTHER 15. Birthplace Kent Co Md

16. Informant Mrs R Robinson (Wife)

Address Rock Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19 1946 (month) (day) (year)

Cemetery or crematory Still Pond md

Location Still Pond md

18. Funeral director B W Coolahan

Address Still Pond md

19. Nov 19 1946 (Date rec'd by registrar) J M Leach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1946, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1945 to Nov 17 1946; that I last saw h.. alive on Nov 17 1946; and that death was caused as follows:

Immediate cause of death Pneumonia Contracted

Due to Coronary Thrombosis Duration

Due to Hypertension Several Yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of .....

Where did injury occur? Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury Boat Injured at work? No

23. SIGNATURE Dr Still Pond Kent Co M. D. or other

Address Rock Hall Md Date signed Nov 18 1946

2 - 35

2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83d)

CERTIFICATE OF DEATH

★ 1112

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: near - Chestertown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, Institution, or street address where death occurred:
Rural
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: near - Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Adam Startt

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife: none
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 23, 1866

8. AGE: Years	Months	Days	If less than one day
80	6	14	..... hrs. ..... min.

9. Birthplace: Kent Co. Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Solomon Startt
13. Birthplace: Maryland

MOTHER
14. Maiden name: Lousia Cohee
15. Birthplace: Maryland

16. Informant: Mrs. Wm. H. Toulson
Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1946 (month) (day) (year)
Cemetery or crematory: Chester Cem.
Location: Chestertown, Md.

18. Funeral director: J. Willis Wells
Address: Chestertown, Maryland

19. Nov. 8 1946 (Date rec'd by registrar) Clara S. Barnes Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7, 1946 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1939 to Nov-6 1946
and that I last saw h alive on Nov-6 1946

Immediate cause of death	DURATION
Cerebral Arteriosclerosis	3 mo
Due to	
Due to Artheriosclerosis	1939
Other conditions Unemployed	1945

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank W. Smith M. D. or other
Address Chestertown Date signed Nov 7/46

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2

11130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1578

CERTIFICATE OF DEATH

Reg. Dist. No. 2001

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Kent
City or town: New Millington (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md
County: Kent
City or town: Millington (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Baby Wallace

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced:
6.(b) Name of husband or wife:
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Nov. 1 1946
8. AGE: Years: Months: Days: If less than one day: 1 hrs. 25 min.
9. Birthplace: near Millington Kent Co. Md. (Town, county, and state)
10. Usual occupation: Baby.
11. Industry or business:
FATHER
12. Name: Bernard Wallace
13. Birthplace: Md.
MOTHER
14. Maiden name: May Hanifee
15. Birthplace: Md
16. Informant: Bernard Wallace
Address: Millington Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 2, 1946 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Millington
18. Funeral director: Edward Fellows
Address: Millington, Md.
19. Nov. 2 1946 (Date rec'd by registrar) Edward Fellows Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 2 1946, at 10:50 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1st 1946, to Nov 2 1946
and that I last saw her alive on Nov 2 1946

Immediate cause of death	DURATION
Insufficient Closure of Oval Foramen	1:25
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE: G. L. Copeland M. D. or other
Address: Millington
Date signed:

VS A15 9-45-15M

2 - 25

2 - 2000 ——— 2-10